

# EXHIBIT 79

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al.

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 1:25-cv-00196

**SUPPLEMENTAL DECLARATION OF KATIE EILERS**

I, Katie Eilers, hereby declare:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge and the records of the Washington State Department of Health (DOH) to which I have access.

2. I previously submitted a declaration in this matter. It is in the docket as ECF No. 44-27. I reincorporate and restate the matter in that declaration.

3. With regard to the Pregnancy Risk Assessment Monitoring Systems (PRAMS) program, the Centers for Disease Control (CDC) is continuing to operate with skeletal staff and limited communication on expectations and processes. The CDC has encouraged us to begin data collection for the 2025 birth cohort. Attached to this declaration as **Exhibit 1** is a true and correct copy of an email dated May 27, 2025 indicating that Washington “may begin to conduct data collection.” The PRAMS Integrated Data System (PIDS) is back online, and Washington completed user testing for the system. Washington has not, however, started 2025 data collection because Washington does not yet have an active Data Sharing Agreement in place with the CDC

for sharing data through the PIDS. We have asked Natalie Brown at the CDC for a contact to discuss the Data Sharing Agreement and have had no reply. Attached to this declaration as **Exhibit 2** is a true and correct copy of an email dated June 12, 2025, requesting technical assistance to which no reply has been received as of the date of this declaration.

4. With regard to the Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program, the CDC has not reviewed the application that Washington submitted last March for a new five-year cooperative agreement. The CDC has offered a one-year cost extension that has allowed us to apply for continued CDC funding through June 30, 2026. We applied for this extension at the end of June.

5. Shortly after we submitted our application, we received a technical review document. Attached to this declaration as **Exhibit 3** is a true and correct copy of the technical review document we received. It notes in several places that certain obligations of the Washington DOH in connection with the cost extension will not receive the necessary cooperation from the CDC because the CDC “will not have the capacity” to provide the required cooperation.

6. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATED and SIGNED this 18 day of July 2025 at Gig Harbor, Washington.



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Katie Eilers  
Director of the Office of Family and Community  
Health Improvement  
Washington State Department of Health

# Exhibit 1

**From:** [Brown, Natalie \(CDC/NCCDPHP/OD\)](#)  
**Cc:** [Raman, Jayalakshmi \(Jaya\) \(CDC/NCCDPHP/OD\)](#); [Kroelinger, Charlan \(CDC/NCCDPHP/DRH\)](#); [Chandra, Gyan \(CDC/NCCDPHP/DRH\)](#)  
**Subject:** PRAMS Update; Data Collection and 2024 Unweighted Data Files  
**Date:** Tuesday, May 27, 2025 11:54:39 AM  
**Importance:** High

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External Email

Thank you for the questions related to Year 05 of your award under the Notice of Funding Opportunity Announcement RFA-DP-21-001, Pregnancy Risk Assessment Monitoring System (PRAMS). Your jurisdiction may begin to conduct data collection.

CDC will provide updates on availability of the PIDS system in the near future. Please contact Charlan Kroelinger at [dwz8@cdc.gov](mailto:dwz8@cdc.gov) if you have not received the 2025 questionnaire print files.

Additionally, CDC has uploaded your raw, unweighted 2024 PRAMS data and a data cleaning file with guidance into CDC-SAMS Secure Data Exchange (SDX).

- Please **respond** to confirm that individual(s) receiving the PRAMS 2024 data files that contain direct identifiers of individuals and institutions (*personally identifiable information or PII*) have obtained human subjects training and are covered by your institution's current IRB approval.
- Please contact Gyan Chandra at [ytr2@cdc.gov](mailto:ytr2@cdc.gov) if you have any questions about data transfer using the CDC-SAMS SDX.

CDC will continue to provide additional updates for activities.

Natalie

Natalie Gilles Brown  
Health Scientist  
Centers for Disease Control & Prevention  
Department of Health and Human Services (HHS)

# Exhibit 2

**From:** Skiles, Martha P (DOH)  
**To:** Brown, Natalie (CDC/NCCDPHP/OD)  
**Subject:** RE: DP-21-001, Pregnancy Risk Assessment Monitoring System (PRAMS)  
**Date:** Thursday, June 12, 2025 7:07:48 AM  
**Attachments:** [image001.png](#)

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Good Morning Natalie,

Thank you for your email, we appreciate as much communication as you can provide during this time.

We have a few follow up questions in Washington and may benefit from a technical assistance call to get into the details.

- We do not have a current Data Sharing Agreement (DSA) between WA and CDC that covers data entered in PIDS and shared with the CDC. We will not be able to share any data in PIDS without a signed and executed DSA. Previously this DSA was signed by Aspy J. Taraporewall as the Business Contact and IT Project Manager. Who should we communicate with about a new DSA? This process typically can take 1-3 months to execute, so the sooner we can move forward with a CDC contact, the better.
- WA also has a DUA with CDC (signed by Lee Warner) to include WA PRAMS data in the Automated Research File (ARF). Just a note that our DUA with CDC specifies all the variables that WA agrees to include in the ARF. Currently that list only covers data elements from the P8 survey. To add 2023 data (P9), we will need to update that DUA.
- WA received our raw, unweighted 2024 data – thank you. My understanding from emails is that CDC will no longer clean or weight our PRAMS data. Will you be modifying our NOA to note that this is now the responsibility of sites?
- Given our anticipated delay to data collection (per DSA requirements), can we redirect some of our CDC funding to focus on 2024 data weighting with a vendor and in-house data analysis and report production?
- Note, we also received the P9.2 questionnaire from Charlan and followed up directly with them to request a copy of the CDC IRB approval of the revised questionnaire. This is something we need to support our WA IRB review process.

Thank you for your assistance. I look forward to your reply.

Best,

Martha Skiles, WA PRAMS PI

*Note: I sometimes work flexible hours, so while it suits me to email now, I don't expect a response or action outside of your own working hours.*

**Martha Skiles, PhD, MPH (she/her)**

Senior Epidemiologist, Data Collection & Reporting Section  
Office of Family & Community Health Improvements (OFCHI)  
Washington State Department of Health

[martha.skiles@doh.wa.gov](mailto:martha.skiles@doh.wa.gov)

[doh.wa.gov](http://doh.wa.gov) | 360-236-3506 | 360-890-0398 (cell)





**From:** Brown, Natalie (CDC/NCCDPHP/OD)  
**Sent:** Monday, June 9, 2025 7:27 AM  
**Subject:** DP-21-001, Pregnancy Risk Assessment Monitoring System (PRAMS)

External Email

Hello,

CDC is currently working to process awards consistent with internal procedures and policies for DP-21-001, Pregnancy Risk Assessment Monitoring System (PRAMS), Year 05, May 1, 2025 – April 30, 2026. We will provide you an update as soon as we are able.

We ask that you continue to conduct activities under your current award as set out in the NOFO and your Notice of Award. If you believe you need to revise your workplan or budget, please reach out to Natalie Brown ([fmc7@cdc.gov](mailto:fmc7@cdc.gov)) to discuss.

Please note:

CDC will provide your jurisdiction with the OMB approved 2025 PRAMS questionnaire.

CDC will provide additional information on your jurisdiction's user acceptance testing in PIDS so that you may begin data collection.

CDC may schedule a technical assistance call with your jurisdiction to provide additional updates to ensure a full year of data collection.

Thank you,

Natalie

Natalie Gilles Brown  
Health Scientist  
Centers for Disease Control & Prevention  
Department of Health and Human Services (HHS)

# Exhibit 3

**NOFO CDC-RFA-DD20-2006**

**Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data through Optimization of EHDI Surveillance Practices and Information Systems**

**Technical Review**

**Grant Number:** NU50DD000058

**Recipient Name:** Washington State Department of Health

**Program Official:** Carlinda Nelson

**Period of Performance:** July 1, 2025 – June 30, 2026

**Requested Funding Amount:** \$169,000

**Recommended Award Amount:** \$169,000

**Date of Review:** 06/26/2025

**Application Recommendation**

**Recommend Application for funding (Please answer the questions below)**

**Are there any special conditions for the award, including budgetary restrictions?**

Yes  No

If yes, please indicate conditions or restrictions in the budgetary and/or recommendations section.

**Do Not Recommend Application for funding (Please provide a justification in the “Review of Application” section)**

**Review of Application:** In 2025-2026, programmatic technical assistance from CDC/NCBDDD will be reduced. Specifically, CDC subject matter experts will not be available for routine, day-to-day questions related to the programmatic work of the cooperative agreement and are not expected to support the following as stated in the Notice of Funding Opportunity:

**Collaborations**

With other CDC programs and CDC-funded organizations:

- Recipients are required to collaborate with CDC and other jurisdictional EHDI programs, if applicable, to achieve the outcomes of this NOFO. Recipients should explore improved connections and collaborations with other CDC funded jurisdictional public health programs.

*Note: Currently, CDC will not have the capacity to participate in or facilitate collaborations.*

**CDC Evaluation and Performance Management Strategy**

Evaluation and performance measurements help demonstrate achievement of project outcomes; build a stronger practice base for specific project strategies; clarify applicability of the evidence-based interventions to different populations, settings, and contexts; and support continuous program improvement. The EHDI-IS evaluation strategies can be supported by the following resources: EHDI Guidance Manual - Chapter 6: Monitoring and Evaluation, available at: [www.cdc.gov/ncbddd/hearingloss/guidancemanual/chapter6.html](http://www.cdc.gov/ncbddd/hearingloss/guidancemanual/chapter6.html)

the document: Planning an Evaluation of an EHDI Information System available at [www.cdc.gov/ncbddd/hearingloss/documents/planning-an-evaluation.pdf](http://www.cdc.gov/ncbddd/hearingloss/documents/planning-an-evaluation.pdf) and the “Updated Guidelines for Evaluating Public health Surveillance Systems” July 27, 2001/50(RR13); 1-35 available at: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm)

Over the course of this cooperative agreement, CDC will:

Work individually and collectively with each of the recipients to evaluate its own EHDI-IS assessing the following EHDI –IS system attributes:

- Usability of the audiology reporting module/functions in the EHDI-IS: this evaluation will focus on describing how well users can learn and use the EHDI-IS audiology reporting module to achieve intended goals and how satisfied users are with that process.
- Usefulness of the EHDI-IS: this evaluation will focus on assessing and reporting the level of usefulness of the EHDI-IS by describing: The actions taken to improve EHDI tracking and surveillance as a result of analysis and interpretation of the data.

The entities that have used the data to make decisions and take actions.

The instances of use of EHDI surveillance data leading to improve public health (e.g . making referrals to Part C).

Monitor and assess the processes and outcomes of the project using performance measures. Recipients are required to: 1) Develop project-specific Process Measures in the Work Plan and use them to monitor the progress of proposed activities. Examples of process measures including: 1) Number of new EHDI-IS modules/functions added to generate patient-level data file, number of trainings on diagnostic reporting conducted, number of presentations/manuscripts produced based on analysis findings (including collaborative work), etc. 2) Use the Outcome Measures defined below to assess the degree to which short-term, mid-term, and long-term outcomes for the logic model have been achieved 3) Collect and report process and outcome measurements to CDC at the end of each budget period using the Annual Performance Measurement Report. The format will be specified in post-award guidance.

*Note: Currently, CDC will not have the capacity to monitor and evaluate progress.*

#### **CDC Monitoring and Accountability approach**

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.

- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.
- Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.
- The recipient and CDC staff will work collaboratively to assess and monitor progress on strategies and make adjustments as needed to ensure overall program objectives are met.
- Immediate post-award collaboration and monitoring between CDC and the recipient will include at a minimum working to:
  - Revise the technical assistance/program implementation plan, as needed
  - Revise the evaluation plan, as needed
  - Review the work plan timeline to ensure it is feasible based on the budget and consistent with the intent of the award

Monitoring activities will include routine and ongoing communication between CDC and the recipient site via virtual and in-person meetings, conference calls, site visits, and recipient reporting (including work plans, process and outcome performance measures, monthly summary reports, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within the stated timeframes.
- Working with recipients on revising the work plan based on achievement of outcomes, evaluation results and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels. The findings from the performance measure will be used to identify areas of program improvement for broader technical assistance needs.
- Monitoring implementation of Data Access and Management Plans.

*Note: Currently, CDC will not have the capacity to monitor program activities beyond financial reporting.*

#### **CDC Program support to recipients**

CDC staff will be substantially involved beyond site visits and regular performance and financial monitoring during the project period of this cooperative agreement. Substantial involvement means that recipient can expect federal programmatic partnership in carrying out the efforts under the award. The CDC program will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipient in implementing cooperative agreement requirements and advancing program activities to meet outcomes.
- Providing technical assistance to revise annual work plans and budgets. Collaboration on enhancing and expanding outcomes surveillance activities, including the collection, management, analysis, and dissemination of EHDI data. Collaborating with recipient to develop and implement strategies and evaluation plans and use evaluation findings.
- Providing technical assistance to define and operationalize performance measures and implement recipients' performance measurement plans.
- Collaborating on and co authoring scientific reports, white papers, manuscripts, book chapters, and other derivative works arising from data collected and analyzed through this cooperative agreement consistent with CDC policies and procedures.

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*Note: Currently, CDC will not have the capacity to provide support and technical assistance to recipients in the above outlined activities.*

For programmatic questions related to this award, recipients are asked to contact Carlinda Nelson ([cjr2@cdc.gov](mailto:cjr2@cdc.gov)).

#### **Programmatic Budgetary Comments**

Note: Programmatic budget restrictions, concerns, and comments should be addressed prior to the award being made. This will take place during the OGS Budget negotiations.

#### **Marked-Up Budget Certification (select one)**

This box signifies the Program official's review of the applicant's proposed budget.

I certify that I support the recipient's proposed categorical budget submitted in this application as it relates to the technical aspects of the project. No changes are required, and no restrictions are recommended.

I wish to make changes to the recipient's proposed categorical budget.

- *If additional space is needed to justify the recommended funding amount, please use this space below to provide detailed comments for the recipient:*